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transmitted to the USPTO, on the date indicated below. **SUITE 1000** WASHINGTON, DC 20005-3917 (Depositor's ner (Signate (Date APPLICATION NO. **PIRST NAMED INVENTOR** ATTORNEY DOCKET NO. CONFIRMATION NO. FILING DATE PETER MEISEL PM256868 09/181.671 10/29/1998 1170 1-ETHOXYCARBONYLAMINOBENZENE, AND TITLE OF INVENTION: NOVEL MODIFICATIONS OF 2-AMINO-4-(4-FLUOROBENZYLAMINO)-PROCESSES FOR THEIR PREPARATION APPLN, TYPE SMALL ENTITY ISSUE PER **PUBLICATION FEE** TOTAL PEE(S) DUE DATE DUE - \$1280 1360 \$1280 02/07/2003 nonprovisional NO 1300 CLASS-SUBCLASS EXAMINER **ART UNIT** DAVIS, BRIAN J 1621 560-027000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys VENABLE or agents OR, alternatively, (2) the name of a ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. single firm (having as a member a registered Ann S. Hobbs attorney or agent) and the names of up to 2 ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer registered patent attorneys or agents. If no name is listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. Inclusion of assignce data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) ASTA MEDICA AKTIENGESELLSCHAFT Dresden, Federal Republic of Germany Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☐ corporation or other private group entity ☐ government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. 🚨 Issue Fee ☐ Payment by credit card. Form PTO-2038 is attached. ☐ Publication Fee If The Commissioner is hereby authorized by charge the required fec(s), or credit any overpayment, to Deposit Account Number 22-0261 (enclose an extra copy of this form). Advance Order - # of Copies Commissioner for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. (Authorized Signature) (Date) Ann S. Hobbs, Reg. No. 36,830 **17911160**

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